

RECEIVED
CENTRAL FAX CENTER

001/007

WOMBLE
CARLYLE
SANDRIDGE
& RICEA PROFESSIONAL LIMITED
LIABILITY COMPANY

JAN 17 2007

ATLANTA
CHARLOTTE
RALEIGH
RESEARCH TRIANGLE PARK
WASHINGTON, D.C.
WINSTON-SALEM

FACSIMILE

From: Dana E. Stano
Direct Dial: (404) 879-2437
Direct Fax: (404) 879-2937
E-Mail: dstano@wCSR.com

TO:	Commissioner for Patents	COMPANY:	United States Patent & Trademark Office
FAX:	571-273-8300	PAGES:	7 (including cover)
PHONE:	DATE: January 17, 2007		
RE:	U.S. Application Serial No. 10/816,547		
	ATTORNEY	DOCKET/REF. NO.	I098 1030.1
	ACCOUNTING NO. 13090.0077.0		

Urgent For Review Please Comment Please Reply Please Recycle

CONFIDENTIAL AND PRIVILEGED: The information contained in this facsimile is privileged and confidential information intended for the sole use of the addressee. If the reader of this facsimile is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this FAX in error, please immediately notify the person listed above, and return the original message by mail to the sender at the address listed above.

Please call the following number if the message you receive is incomplete or not legible: 404-879-2412

In re Application of: Chad T. Tillman

OFFICIAL

Serial No.: 10/816,547

Filed: April 1, 2004

For: PROVIDING CUSTOMIZED MEDIA AT PHYSICAL POINT OF SALE

Attached in connection with the above-identified patent application are the following:

- (1) Transmittal Form;
- (2) Fee Transmittal;
- (3) Status Inquiry, and
- (4) Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b).

JAN 17 2007

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. GSA FPMR (41 CFR) 101-11.5.1

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 8

Application Number	10/816,547
Filing Date	April 1, 2004
First Named Inventor	Chad T. Tilman
Art Unit	3821
Examiner Name	TBD
Attorney Docket Number	I088 1030.1 (13020.0077.0)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s)		
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Womble Carlyle Sandridge & Rice, PLLC		
Signature			
Printed name	Dana E. Staudt		
Date	January 17, 2007	Reg. No.	60,760

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Sheila M. Gray	Date	January 17, 2007

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO in processing) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

003/007

JAN 17 2007

PTO/SB/17 (12-04-02)

Approved for use through 07/31/2006. OMB 0951-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known	
		Application Number	10/816,547
		Filing Date	April 1, 2004
		First Named Inventor	Chad T. Tillman
		Examiner Name	TBD
		Art Unit	3621
		Attorney Docket No.	1096 1030.1 (13090.0077.0)
TOTAL AMOUNT OF PAYMENT (\$)		\$0.00	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle et al.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2088.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)****Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180